



# **RCRAInfo Case Study and Data Entry Exercises**

**RCRAInfo National Implementer Training**

**July - August, 2000**

# RCRAInfo Case Study

by RCRAInfo BSD Team  
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# RCRAInfo Training Case Study

On April 15, 1993, the Alabama Department of Environmental Management (ADEM) received an anonymous complaint that We Service Ships, Inc. (WSSI), located at 103 Oyster Shell Road in Sandy Beaches, Alabama was illegally storing drums of hazardous waste. A records investigation followed, which revealed that WSSI had never notified ADEM or EPA of any hazardous waste activity. The inspector assigned to the area was sent to conduct an inspection of the facility and to investigate the complaint.

The inspection, conducted on April 23, 1993, revealed that WSSI had offloaded 553 55 gallon containers from the freighter WEHAULIT on September 7, 1991 due to concerns that a major hurricane was predicted to hit the area the next day. The offloaded containers, which contained waste chlorinated solvents (F004/F005) from a spring cleaning of the engine room and drive train of the WEHAULIT, were placed in the WSSI warehouse, where they were promptly forgotten, and where they remained on the day of the inspection. As a result, it was subsequently determined that WSSI was in violation of the Alabama Hazardous Wastes Management and Minimization Act (AHWMMA) and RCRA.

A Notice of Violation issued on July 15, 1993 cited storage of hazardous waste without a permit, failure to notify as a handler of hazardous waste (information obtained on April 23, 1993 showed that WSSI was also a Small Quantity Generator, in addition to being a TSD), failure to have a closure plan, failure to provide containment for the container storage area, and numerous other violations. As a result, the facility was determined to be a Significant Non-Complier (SNC). Subsequently, an administrative order was issued for the same violations. The draft order (with an \$80,000 proposed penalty) was issued on August 16, 1993, a negotiation meeting was held on August 30, 1993, and the final order assessing a \$45,000 cash penalty with a \$100,000 Supplemental Environmental Project (SEP) to remove old chemicals from high school labs throughout the state was signed on October 1, 1993.

The final order (a Consent Order) included requirements that WSSI submit a closure plan within 30 days of the order for the container storage area and that the plan be implemented upon approval. Also, since the violations included storage without a permit, the order imposed SWMU Corrective Action requirements to be carried out following a RCRA Facility Assessment to be conducted by ADEM. The order required that any initial workplans (e.g., Confirmatory Sampling, RCRA Facility Investigation, Interim Measures) be submitted within 90 days of the completion of the RFA.

The closure plan was submitted by WSSI on November 30, 1993 (WSSI had timely requested a thirty day extension of the original due date, which was approved by ADEM) together with an 8700-12 notification form for a permanent EPA ID Number. ADEM issued a Notice of Deficiencies on the plan on May 20, 1994. WSSI resubmitted the revised plan on May 31, 1994, the plan was determined complete on June 10, 1994, was placed on public notice on June 17, 1994, and subsequently approved for implementation on August 1, 1994. WSSI properly conducted the required closure activities, as documented by a December 1, 1994 closure certification inspection, and was thus released from the financial assurance requirements associated with closure on that date.

ADEM conducted an RFA Visual Site Inspection of WSSI on June 3, 1994, and a final RFA Report was approved August 15, 1994. The RFA identified 4 Solid Waste Management Units (SWMUs) and 1 Area of Concern (AOC), plus the entire facility area, as follows:

- SWMU 1 – Warehouse (the regulated unit – covered by the closure plan)
- SWMU 2 – Loading Dock – No further action recommended
- SWMU 3 – Vehicle Maintenance Shop – RCRA Facility Investigation Recommended
- SWMU 4 – Dry Dock – Confirmatory Sampling Recommended
- AOC 1 – Site Drainage Ditch – No Further Action Recommended
- Entire Facility – Includes all SWMUs and AOCs

When WSSI removed the drums from the warehouse for shipment to a permitted TSD for subsequent management, they contracted with WETRUCKIT Trucking, a licensed hazardous waste transporter located in Wastetown, Colorado. ADEM conducted a transporter inspection on WETRUCKIT at the WSSI site on March 25, 1994 and found one violation (no contingency plan on the truck) by WETRUCKIT. A Notice of Violation was issued to WETRUCKIT on April 4, 1994, with a scheduled compliance date of May 16, 1994. The facility was subsequently determined to have returned to compliance on April 29, 1994 upon the Department's review of the facility's letter documenting the corrections it had made.



# **EXERCISES**

# **Handler Module**

## **Data Entry Tips**

### **Notification Forms**

To add Notification Form for a new Handler, go to Notification Source after selecting Create New Handler button from Search Results or Handler Search screens.

To add, update, or delete Notification Forms for existing Handler, select Add/Update Notification Source and Form or select All Data from Handler Main Menu after handler is selected

### **Source E Records**

To add Source E data for a new Handler, go to Source E after selecting Create New Handler button from Search Results or Handler Search screens.

To add, update, or delete Source E data for existing Handler, select All Data after handler is selected

### **Source S Records**

To add Source S data for a new Handler, go to Source S after selecting Create New Handler button from Search Results or Handler Search screens.

To add, update, or delete Source S data for existing Handler, select All Data after handler is selected

### **Part A Forms**

To add Part A Form for a new Handler, go to Part A Form after selecting Create New Handler button from Search Results or Handler Search screens.

To add, update, or delete Part A Forms for an existing Handler, select Add/Update Part A Form or select All Data from Handler Main Menu after handler is selected

### **All Data (includes Notification, Source E & S, and Part A information)**

To add, update and delete individual data elements, including 'Source E' and 'Source S' data (not entire Notification or Part A Forms) go to All Data

## **Presenter Demos**

1. Assign ID Number (including appropriate searches)
2. Review Part A for WETRUCKIT (in CO)
3. Universe Calculation

## **Student Exercises**

1. Assign ID Number
  - a. Handler Searches

Search by Handler Name and State for '%WSSI%' and AL

Search by City and State for '%Sandy%' and AL

Search by Street Name and County and State for '%Oyster%', '%Baldwin%', and AL

(Note: You may find it useful to do other search combinations as well before assigning a new ID.)

- b. Enter Handler Information (Source S) for WSSI from Create New Handler button at the bottom of the search results screen.

Source S Record

Inspection Date: 4/23/93  
Name of Installation: We Service Ships, Inc.  
Location of Installation: 103 Oyster Shell Road, Sandy Beaches, AL 36999  
(Baldwin County)  
Mailing Address: Same as Location  
Waste Codes: F004, F005  
Land Type: P (Private Property)  
Activity Indicators: SQG

2. Enter Initial Notification (Source N) for WSSI from Add/Update Notification Source and Form on Handler Main Menu (Pages 31-34)

(Note: The ADEM 8700-12 includes information not collected on the EPA 8700-12. For this exercise, enter only the data required by the EPA form (i.e., that which is collected by the 'Notification Form' screens))

See attached Initial (4/3/94) ADEM Notification Form for data

3. Enter Subsequent Notification (Source N) for WSSI from All Data on Handler Main Menu (Pages 36-39)

(Note: The ADEM 8700-12 includes information not collected on the EPA 8700-12. For this exercise, enter only the data required by the EPA form (i.e., that which is collected by the 'Notification Form' screens))

See attached Subsequent (8/1/94) ADEM Notification Form for data

4. Review Part A for WETRUCKIT (in CO) from Add/update Part A on Handler Main Menu

See attached Colorado Part A Form (1/1/90) – for reference

5. Universe Calculation from Handler Main Menu
6. 'Non-form data elements' entry from All Data from Handler Main Menu

Enter data for:

Latitude/Longitude (Lat. 30 54 21.6, Long. 105 31 15.3)  
Enter new contact: (use your name and address)  
Enter Other Permit Information: Air Permits #AL00238X001, AL00238X002  
NPDES Permit # AL 123587

7. Update: use either All Data or Add/Update Notification Source and Form
  - a. Mailing information (change mailing address, zip code)

- b. Contact information (change contact name, address)
8. Create 'out-of-state transporter' activity information (AL record for WETRUCKIT) from All Data under a state source record.

(Note: Attached ADEM 8700-12 dated 9/18/1991 is for reference only)

Received Date/Inspection Date 3/25/94

Enter as:

Commercial Transporter

RCRA Regulated

State Regulated Code = P for Permitted

State Description = Inspection.

Notification Forms (see attached Colorado (EPA – 1/1/90))

(Note: Colorado Form dated 1/1/90 is for reference only (already entered in database) and entering out-of-state handler activity is optional functionality for implementers.)

# **CM&E Module**

## **Data Entry Tips**

### **Evaluations**

To add, update or delete Evaluations go to Evaluations.

To add, update or delete Coverage Areas go to Evaluations.

### **Violations**

To add Violations go to Evaluations.

To update or delete Violations go to Violations.

### **Enforcement Actions**

To add, update or delete Enforcement Actions go to Enforcement Actions.

To add, update or delete SEPs go to Enforcement Actions.

To add, update or delete Penalty data go to Enforcement Actions.

To add, update or delete Payments go to Enforcement Actions-Penalty.

### **Links**

Violations can be linked through Evaluations or Enforcement Actions.

## **Presenter Demos**

1. Enter:
  - a. Initial complaint/Record review (subsequent task 1a below)
  - b. Inspection (subsequent task 1b below)
  - c. SNC information/Universe Calculation
  - d. Final order information with:
    - i. Penalty information (subsequent task 1f below)
    - ii SEP information (subsequent task 1f below)

## **Student Exercises**

1. Enter:
  - a. Add new Evaluation/Inspection (Initial complaint/Record review – NRR) without violations

(Navigation: CM&E Main Menu, Evaluation, Add new Evaluation, select “S” for State responsible agency)

Initial Evaluation (Records Review)

Evaluation Type: NRR

Evaluation Date: 4/15/1993

Reason: 04 (citizen complaint)

Resp. Person: Select anyone you want

Suborganization: Select any one you want

Evaluation Notes: Full Record Review  
Violations Found?: No

(Navigation: press the “SAVE” button since this evaluation did not find any violations you do not need to add “Coverage Areas” or “Continue” to add or link to violations)

b. Add new Evaluation/Inspection (Comprehensive Evaluation Inspection- CEI) with violations

(Navigation: Add New Evaluation, select “S” for State responsible agency)

Evaluation (Comprehensive Evaluation Inspection)

Evaluation Type: CEI  
Evaluation Date: 4/23/1993  
Reason: 04 (citizen complaint)  
Resp. Person: select anyone you want  
Suborganization: select anyone you want  
Evaluation Notes: put any notes that you would like  
Violations Found?: Yes

(Navigation: press the “CONTINUE” button to be able to add or link violations, since this evaluation found violations)

Add Violations:

Violation 1:

Violation Type: GPT  
Determined Date: 4/23/1993  
Resp. Person: select anyone you want  
Class: 1  
Suborganization: select anyone you want  
Priority: leave blank  
Citation Type: SR (State Regulation)  
Qualifier: leave blank  
Citation: 335-14-3-.03(5)(a)  
Actual RTC: leave blank  
Violation Notes: Storage of HW without a Permit

(Navigation: press the “CONTINUE” button then press the “add a violation” button)

Violation 2:

Violation Type: GGR  
Determined Date: 4/23/1993  
Resp. Person: select anyone you want  
Class: 2  
Suborganization: select anyone you want  
Priority: leave blank  
Citation Type: SR (State Regulation)  
Qualifier: leave blank  
Citation: 335-14-3-.01(3)(a)  
Actual RTC: leave blank  
Violation Notes: Failure to submit 8700-12

(Navigation: press the “CONTINUE” button then press the “add a violation” button)

Violation 3:

Violation Type:	DCL
Determined Date:	4/23/1993
Resp. Person:	select anyone you want
Class:	1
Suborganization:	select anyone you want
Priority:	leave blank
Citation Type:	SR (State Regulation)
Qualifier:	leave blank
Citation:	335-14-5-.07(3)(a)1.
Actual RTC:	leave blank
Violation Notes:	Failure to have a Closure Plan

(Navigation: press the “CONTINUE” button then press the “SAVE” button, since there are no additional violations to add)

c. Add new Enforcement action (Notice of Violation - NOV) with compliance schedule dates

(Navigation: Go to Enforcement, Add new Enforcement)

Enforcement (Notice of Violation)

Enforcement Type:	120
Enforcement Date:	7/15/1993
Resp. Agency:	S (state)
Docket:	leave blank
Resp. Person:	select anyone you want
Attorney:	leave blank
Suborganization:	select anyone you want
Enforcement Notes:	add any notes you want
Participating Media:	select any you want or leave blank

(Navigation: press the “CONTINUE” button to view violations)

Link to Violations which were entered in (1b) above by checking “YES” for each violation:

Violation 1:

Type:	GPT
Latest Scheduled RTC:	9/1/1993
Qualifier:	leave blank since there is no actual RTC date
Actual RTC:	leave blank

Violation 2:

Type:	GGR
Latest Scheduled RTC:	9/1/1993
Qualifier:	leave blank since there is no actual RTC date
Actual RTC:	leave blank

Violation 3:

Type:	DCL
Latest Scheduled RTC:	9/1/1993
Qualifier:	leave blank since there is no actual RTC date
Actual RTC:	leave blank

(Navigation: press the “SAVE” button)

d. **SNC (Significant Non-Complier) determination**

Update Violation

(Note: Since this is prior to FY 1997 (when SNY was introduced), must update the violation to change the Class to 1 and the Priority to 9. If this were after FY 1997 then you would enter a new evaluation as evaluation type = SNY)

(Navigation: Go to Violation then click on “TYPE” that you want to update)

Update Violations entered in (2) above:

Violation 1:

Type: GPT  
Class: 1  
Priority: 9  
Everything else remains the same

Violation 2:

Type: GGR  
Class: 1  
Priority: 9  
Everything else remains the same

Violation 3:

Type: DCL  
Class: 1  
Priority: 9  
Everything else remains the same

e. **Add new Enforcement action (Draft Unilateral Order - 051) with penalty**

(Navigation: Go to Enforcement, Add new Enforcement)

Enforcement (Notice of Violation)

Enforcement Type: 051 (Draft unilateral order)  
Enforcement Date: 8/16/1993  
Resp. Agency: S (state)  
Docket: leave blank  
Resp. Person: select anyone you want  
Attorney: leave blank  
Suborganization: select anyone you want  
Enforcement Notes: add any notes you want  
Participating Media: select any you want or leave blank

(Navigation: press the “CONTINUE” button to view violations and add penalty. Press the “Add penalty” button.)

Penalty Type: PA  
Amount: \$80,000 (Note: do not use commas or dollar signs)  
Penalty Notes: Add any notes you want

(Navigation: press the “SAVE” button)

Link to Violations which were entered in (1b) above by checking “YES” for each violation:

Violation 1:  
Type: GPT



Violation 2:  
Type: GGR  
Violation 3:  
Type: DCL

(Navigation: press the “SAVE” button)

f. Add new Enforcement action (Final Consent Order - 310) with penalty and SEP

(Navigation: Go to Enforcement, Add new Enforcement)

Enforcement (Final Consent Order – 3008(a) Compliance Order)

Enforcement Type: 310 (3008(a) Compliance Order)  
Enforcement Date: 10/1/1993  
Resp. Agency: S (state)  
Docket: 94-722-CHW  
Resp. Person: select anyone you want  
Attorney: put any initials you want  
Suborganization: select anyone you want  
Enforcement Notes: Order includes SWMU Corrective Action provisions  
Participating Media: select any you want or leave blank

(Navigation: press the “CONTINUE” button to view violations and add SEPs and Penalties. Press the “Add SEP” button.)

SEP Type: PHE  
Schedule Date: 10/1/1993  
Actual Date: 10/21/1993  
Amt Expended: \$25,000 (Note: do not use commas or dollar signs)  
Resp. Person: select anyone you want  
SEP Notes: enter any notes you want

(Navigation: press the “SAVE” button then press the “Add SEP” button again)

SEP Type: PRE  
Schedule Date: 10/1/1993  
Actual Date: 10/21/1993  
Amt Expended: \$75,000 (Note: do not use commas or dollar signs)  
Resp. Person: select anyone you want  
SEP Notes: enter any notes you want

(Navigation: press the “SAVE” button then press the “Add Penalty” button)

Penalty Type: FA  
Amount: \$80,000 (Note: do not use commas or dollar signs)  
Penalty Notes: enter any notes you want

(Navigation: press the “SAVE” button )

Link to Violations which were entered in (1b) above by checking “YES” for each violation:

Violation 1:  
Type: GPT  
Violation 2:

Type: GGR  
Violation 3:  
Type: DCL

(Navigation: press the “SAVE” button)

g. Add new Evaluation (Review of Submitted information - NRR)

(Navigation: Go to Evaluation, Add new Evaluation, select “S” for State responsible agency)

Evaluation (Non-Record Review)

Evaluation Type: NRR  
Evaluation Date: 11/30/1993  
Reason: 01 (follow-up)  
Resp. Person: select anyone you want  
Suborganization: select anyone you want  
Evaluation Notes: Review of documents submitted to demonstrate return to compliance  
Violations Found?: Yes

(Navigation: press the “CONTINUE” button to be able to link to violations)

Link to Violations which were entered in (1b) above by checking “YES” for each violation:

Violation 1:  
Type: GPT  
Qualifier: D  
Actual RTC: 11/30/1993  
Violation 2:  
Type: GGR  
Qualifier: D  
Actual RTC: 11/30/1993  
Violation 3:  
Type: DCL  
Qualifier: D  
Actual RTC: 11/30/1993

(Navigation: press the “SAVE” button)

h. Enter payment information

(Navigation: Go to Enforcement, update enforcement action by clicking on the TYPE - 310)

Add payments to Final Consent Order

Type: 310

(Navigation: press the “CONTINUE” button since you do not need to change any enforcement information. Click on penalty type “FA” then press the “Add Payments” button)

Schedule Date: put what you want  
Schedule Amount: put an amount (Note: do not use commas or dollar signs)  
Actual Date: put what you want  
Actual Amount: put an amount (Note: do not use commas or dollar signs)

(Navigation: press the “SAVE” button )

2. Run Comprehensive CME Report for this facility (We Service Ships, Inc.) by selecting “Comprehensive Report” from the CME Main Menu screen. After reviewing the report, close the Adobe Acrobat window, then press the browser BACK button once to return to the CME Main Menu.
3. Out of State Transporter Information

### **Compliance, Monitoring & Enforcement Data for WETRUCKIT (out-of-state transporter)**

(Navigation: Go to Main Menu, CM&E Main Menu, search for WETRUCKIT go get ID)

(Hint: The CO Handler record for this facility includes the mis-spelling ‘WE(space)TRUCKIT’, so if doing a Handler Name search, you will need to search for a partial name (e.g., “%TRUCKIT%”). You can also search on the ID or other information)

- a. Add new Evaluation/Inspection (Comprehensive Evaluation Inspection- CEI) with violations

(Navigation: Go to Evaluation, Add new Evaluation, select “S” for State responsible agency)

#### **Evaluation (Comprehensive Evaluation Inspection)**

Evaluation Type:	CEI
Evaluation Date:	3/25/1994
Reason:	leave blank
Resp. Person:	select anyone you want
Suborganization:	select anyone you want
Evaluation Notes:	put any notes that you would like
Violations Found?:	Yes

(Navigation: press the “CONTINUE” button to be able to add or link violations, since this evaluation found violations)

#### **Add Violations:**

##### **Violation 1:**

Violation Type:	TMR
Determined Date:	3/25/1994
Resp. Person:	select anyone you want
Class:	2
Suborganization:	select anyone you want
Priority:	select anyone you want
Citation Type:	SR (State Regulation)
Qualifier:	leave blank
Citation:	335-14-4-.02(4)(b)
Actual RTC:	leave blank
Violation Notes:	No contingency plan on truck

(Navigation: press the “CONTINUE” button then press the “SAVE” button, since there are no additional violations to add)

- b. Add new Enforcement action (Notice of Violation - NOV) with compliance

schedule date

(Navigation: Go to Enforcement, Add new Enforcement)

Enforcement (Notice of Violation)

Enforcement Type: 120  
Enforcement Date: 4/10/1994  
Resp. Agency: S (state)  
Docket: leave blank  
Resp. Person: select anyone you want  
Attorney: leave blank  
Suborganization: select anyone you want  
Enforcement Notes: add any notes you want  
Participating Media: select any you want or leave blank

(Navigation: press the “CONTINUE” button to view violations)

Link to Violation which was entered in (2a) above by checking “YES” for the violation:

Violation 1:

Type: TMR  
Latest Scheduled RTC: 5/16/1994  
Qualifier: leave blank since there is no actual RTC date  
Actual RTC: leave blank

(Navigation: press the “SAVE” button)

c. Add another new Evaluation/Inspection (Review of Submitted information - NRR)

(Navigation: Go to Evaluation, Add new Evaluation, select “S” for State responsible agency)

Evaluation (Comprehensive Evaluation Inspection)

Evaluation Type: NRR  
Evaluation Date: 4/29/1994  
Reason: 01 (Follow-up)  
Resp. Person: select anyone you want  
Suborganization: select anyone you want  
Evaluation Notes: put any notes that you would like  
Violations Found?: Yes

(Navigation: press the “CONTINUE” button to be able to add or link violations, since this evaluation found violations)

Link to Violation which was entered in (2a) above by checking “YES” for the violation:

Violation 1:

Type: TMR  
Qualifier: D  
Actual RTC: 4/29/1994

(Navigation: press the “SAVE” button)

## EXTRA CREDIT

4. Run Comprehensive CME Report for this facility (WETRUCKIT) by selecting “Comprehensive Report” from the CME Main Menu screen. After reviewing the report, close the Adobe Acrobat window, then press the browser BACK button once to return to the CME Main Menu.

# **Permit Module**

## **Data Entry Tips**

### **Series**

To add, update or delete Series, go to Series/Events

### **Events**

To add, update or delete Events, go to Series/Events

### **Units and Unit Details**

To add Units, go to Series/Events-Events

To add Unit Details, go to Series/Events-Events

To update or delete Unit, go to Units/Unit Details

To update or delete Unit Details, go to Units/Unit Details

### **Links**

To link Events to Units and Unit Details, go to Series/Events-Events

## **Presenter Demos**

1. Enter closure plan event for:
  - a. Request
2. Enter unit information for the container storage area
3. Universe Calculation
4. (Discuss out-of-state unit/event linking, e.g., transporter permits?)

## **Student Exercises**

1. Add new events:
  - a. Add new series for closure events:

(Navigation: Permitting Main Menu, Series/Events, then press the “Add Series” button)

Series Name: Closure 1

Choose any available names for EPA and State persons and attorneys

(Navigation: After entering the Series information above, press the “Continue” button, then select ‘S’ for State Event and proceed to 1.b. below)

- b. Enter closure plan events for:
    - i. Request for Closure Plan

Closure Plan Requested – Required by Administrative Order (CL402AO)

Actual Date: 10/1/1993 (the date of the final consent order requiring submittal of a closure plan)

(Note: Event must be linked to at least one Unit, therefore must Add Unit by selecting the Add New Unit button)

Add Unit: Container Area  
Process Code: S01  
Capacity: 30,415 (do not enter commas)  
Unit of Measure: Gallons  
Capacity Type: Operating  
Unit Effective Date: 4/23/1993 (date of initial inspection)  
Legal/Operating Status: NNIN (Non-Notifier – Inactive/closing ...)

Link Event (CL402AO) to Unit (Container Area) by checking the Unit check box and selecting the Unit Detail radio button (for Unit Detail Seq. No. 1), then pressing the Save button

ii. Enter scheduled submittal of closure plan

Plan Received - Closure (CL310)

Schedule Date: 10/31/1993 (from final consent order)

Link to Unit: Container Area

iii. Record change in scheduled submittal of closure plan by updating the event entered in 1.b.ii. above

Revised Scheduled Submittal of Closure Plan

Update Schedule Date for CL310 event from (2) to: 11/30/1993

iv. Record actual submittal of closure plan by WSSI by updating the event entered in 1.b.iii. above

Submittal of Closure Plan

Add Actual Date to CL310 event from (3): 11/30/1993

v. Record Notice of Deficiencies on Closure Plan issued by the State

NOD - Closure Plan (CL320)

Actual Date: 5/20/1994

Link to Unit: Container Area

vi. Record revised closure plan submittal by WSSI and completeness determination by the State

Revisions Received - Closure (CL330)

Actual Date: 5/31/1994

Link to Unit: Container Area

Closure Plan Determined Complete (CL490)

Actual Date: 6/10/1994

Link to Unit:      Container Area

vii.      Record public notice of Closure Plan by State

Public Notice - Closure (CL340)

Actual Date:      6/17/1994

Link to Unit:      Container Area

viii.      Record approval of Closure Plan by State

Plan Approved – Closure – Final Closure (CL360ME)

Actual Date:      6/10/1994

Link to Unit:      Container Area

ix.      Record inspection by State to verify closure certification

Closure Verification – Clean Closure Acceptable (CL380CA)

Actual Date:      12/1/1994

Link to Unit:      Container Area (Detail Record 1)

x.      Record release of WSSI from closure financial assurance requirements

(Note: this is an event which triggers a change in the Legal/Operating Status of the Unit, therefore a new Unit Detail record must be entered)

Fac. Rel. From Closure Financial Reqt. (CL417)

Actual Date:      12/1/1994

Add new Unit Detail record to Container Area Unit to show that the unit operating status has changed

New Detail Record (Seq. 2)

Effective Date:    12/1/1994

Legal/Operating Status:    NNCC (Non-notifier/Clean closed)

All other data as for Record Seq. 1

Link to Unit:      Container Area (Detail Record 2)

(This link is accomplished by CHECKING the Unit check box and SELECTING the Unit Detail radio button for the Unit Detail record with the Effective Date of 12/1/1994 (Seq. No. 2 in this case), then pressing the Save button)

2.      Perform Universe Calculation for this facility (We Service Ships, Inc.) by selecting “Universe Calculation” from the Permitting Main Menu screen
3.      Run Comprehensive Permitting Report for this facility (We Service Ships, Inc.) by selecting “Comprehensive Report” from the Permitting Main Menu screen. After reviewing the report, close the Adobe Acrobat window, then press the browser BACK button once to return to the Permitting Main Menu.
4.      EXTRA CREDIT (if you have time):



Alabama issued a State Hazardous Waste Transporter Permit to the Colorado transporter WeTruckIt

(Hint: The CO Handler record for this facility includes the mis-spelling 'WE(space)TRUCKIT', so if doing a Handler Name search, you will need to search for a partial name (e.g., "%TRUCKIT%"). You can also search on the ID or other information)

- a. Enter Out-of-State Transporter Permit info (events) for WETRUCKIT  
(Use Alabama defined events for this activity)

Transporter Permit Application Received (TR020)

Actual Date: 4/3/1992

Link to Unit: Transporter (unit owned by Colorado)

(Note: this Unit utilizes a user defined process code – TRN)

Transporter Permit Application Notice of Deficiencies (TR100)

Actual Date: 4/15/1992

Link to Unit: Transporter (unit owned by Colorado)

Transporter Permit Application Revisions Received (TR110)

Actual Date: 4/30/1992

Link to Unit: Transporter (unit owned by Colorado)

Transporter Permit Application Determined Complete (TR150)

Actual Date: 5/12/1992

Link to Unit: Transporter (unit owned by Colorado)

Transporter Permit Application Final Determination – Permit Issued (TR200PI)

Actual Date: 5/14/1992

Link to Unit: Transporter (unit owned by Colorado)

4. Run Comprehensive Permitting Report for this facility (WETRUCKIT) by selecting "Comprehensive Report" from the Permitting Main Menu screen. After reviewing the report, close the Adobe Acrobat window, then press the browser BACK button once to return to the Permitting Main Menu.

# **Corrective Action Module**

## **Data Entry Tips**

### **Events**

To add, update or delete Events, go to Events

### **Areas**

To add Areas, go to Events or Areas

To update or delete Area, go to Areas

### **Authorities**

To add Authorities, go to Events

To update or delete Authorities, go to Authorities

### **Links**

To link Events, Areas and Authorities, go to Events

## **Presenter Demos**

1. Enter events for:
  - a. VSI
  - b. RFA Completed
  - c. CS Imposed
  - d. RFI Imposed
2. Enter area information for Entire Facility and SWMU 1
  - a. Discuss:
    - i. Regulated Unit Flag
    - ii. Entire Facility Area Flag
3. Enter authority information for 10/1/1993 administrative order
4. Enter Statutory Citation information
5. (Discuss out-of-state area/event linking)

## **Student Exercises**

1. Enter events for:
  - a. Performance of Visual Site Inspection

(Navigation: Corrective Action Main Menu, Events, press the “Add New Event” button, and select ‘S’ for a State event)

(Note: If you need to add a new authority to which to link the event being added (as is the

case in this item of the case study), it is currently necessary to add the new authority before you enter the event information on the Add New Event screen. If you do not add the authority first, you will observe that the information you added on the screen is not retained when you return to the screen from adding the authority.)

RFA VSI Conducted (CA011) [Alabama Event]

Actual Date: 6/3/1994

Add Entire Facility Area (by selecting the Add New Area button):

Entire Facility Flag: Y

Regulated Unit Flag: N

(Note: After adding each area (and pressing Continue on the confirmation screen) you will be returned to the pending Add New Event screen from which you started this process.)

Add Applicable Authorities (by selecting the Add New Authority button for each new authority being added (See above Note), then choosing 'S' for a State authority.):

X (Policy)

Effective Date: 10/1/1993 (effective date of consent order imposing corrective action)

Link to Statutory Citation:

State equivalent of RCRA Section 3004(u) (Section 22-30-16(c))

A (Consent Order)

Effective Date: 10/1/1993 (effective date of consent order)

Link to Statutory Citation:

State equivalent of RCRA Section 3004(u) (Section 22-30-16(c))

State order equivalent of RCRA Section 3008(h) (Section 22-30-19)

(Note: After adding each authority (and pressing Continue on the confirmation screen) you will be returned to the pending Add New Event screen from which you started this process.)

(Note: RFA, of which VSI is a part, is required both by Agency policy and by the final consent order, thus two Authorities are applicable)

Link to Area (by checking the appropriate check box):

Entire Facility

Link to Authorities (by checking the appropriate check boxes):

X (Policy)

A (Consent Order)

## b. Record RFA Completion

(Note: Since a number of Areas are identified in the RFA, first enter the new Areas by selecting 'AREAS' from the Corrective Action Main Menu or in the GOTO dropdown box, then selecting 'Add New Area' and entering the required information for each new Area)

Add Areas

SWMU 1 - Warehouse

Entire Facility Flag: No  
Regulated Unit Flag: Yes

SWMU 2 – Vehicle Maintenance Shop

Entire Facility Flag: No  
Regulated Unit Flag: No  
Soil Release Indicator: Yes  
Groundwater Release Indicator: Yes

AOC A – Site Drainage Ditch

Entire Facility Flag: No  
Regulated Unit Flag: No  
Surface Water Release Indicator: Yes

Enter Event

RFA Completed – Assessment was a RFA (CA050RF)

Actual Date: 8/15/1994

Link to Areas (by checking the appropriate check boxes):

Entire Facility  
SWMU1  
SWMU2  
AOC A

(Note: The RFA addressed the entire site, thus the ‘Entire Facility’ link. Alabama also tracks corrective action events at the individual area level, thus the links to SWMU 1, SWMU 2, and AOC A)

Link to Authorities (by checking the appropriate check boxes):

X (Policy)  
A (Consent Order)

c. Record Confirmatory Sampling imposition based on RFA

Confirmatory Sampling Required (CA102)

Actual Date: 8/15/1994 (date of RFA approval)  
Link to Area: AOC A – Site Drainage Ditch  
Link to Authority: A (Consent Order)

d. Record RCRA Facility Investigation imposition based on RFA

RCRA Imposition (CA100)

Actual Date: 8/15/1994 (date of RFA approval)  
Link to Area: SWMU 2 – Vehicle Maintenance Shop  
Link to Authority: A (Consent Order)

e. CS Workplan Scheduled Submittal

Confirmatory Sampling Workplan Received (CA104)

Schedule Date: 11/13/1994 (90 days after RFA approval)  
Link to Area: AOC A – Site Drainage Ditch  
Link to Authority: A (Consent Order)

f. RFI Workplan Scheduled Submittal

RFI Workplan Received (CA110)

Schedule Date: 11/13/1994 (90 days after RFA approval)

Link to Area: SWMU 2 – Vehicle Maintenance Shop

Link to Authority: A (Consent Order)

3. Update existing event

Update current scheduled date by adding a new scheduled date, update other information.

Pick your own information to enter from the dropdowns and your imagination.

4. Update existing area

Update area name, release indicators, entire facility and regulated unit flags. Update links to events. Use your own information to enter from the dropdowns and your imagination.

5. Perform Universe Calculation for this facility (We Service Ships, Inc.) by selecting “Universe Calculation” from the Corrective Action Main Menu screen

6. Run Comprehensive Corrective Action Report for this facility (We Service Ships, Inc.) by selecting “Comprehensive Report” from the Corrective Action Main Menu screen. After reviewing the report, close the Adobe Acrobat window, then press the browser BACK button once to return to the Corrective Action Main Menu.

# System Administration Module

## Student Exercises

The following system administration exercises were designed to illustrate the most common system administration tasks for RCRAInfo system administrators. The tasks are:

- Add personnel to the lu\_staff lookup table
- Perform maintenance (cleanup) on the lu\_staff lookup table
- Change security permissions for an existing user
- Add an implementer defined code to a lookup table
- Modify the 'usage' of implementer defined codes
- Run Lookup Table Reports

For the purposes of this exercise, all of the training logon Ids have been granted system administrator access for the State of Alabama. Please realize that in the production RCRAInfo system that state and regional system administrators should limit system administrator access to appropriate personnel only.

### 1. Add New Lu\_Staff Codes

As new program staff are added to your agency, the RCRAInfo Lu\_Staff table will need to be updated to reflect these additions. In this exercise, the user will add a new staff person to the Lu\_Staff table.

#### Detailed Operations

- a. Log on to RCRAInfo.
- b. Enter the System Administration Menu (option 8 from the main menu).
- c. Select Lookup Table Maintenance (option 3).
- d. Select Lu\_Staff under the Cross Module Lookup Tables.
- e. Select the "Add New Code" link at the bottom of the screen.
- f. For Code, enter your initials (up to 5 characters). Enter a fictitious first name, last name, and notes. Make sure that the active status indicator is checked.
- g. Press the save button.
- h. On the confirmation screen, press continue to return to the main Lu\_Staff list page.
- i. You may confirm that the entry you just added has been successfully placed in the Lu\_Staff table by selecting your entry from the Lu\_Staff list.

### 2. Lu\_Staff Cleanup

One of the first tasks that system administrators will need to do once they move into production is to

perform cleanup on the Lu\_Staff table. Cleanup is necessary due to the number and amount of bad data converted from RCRIS. Cleaning up the Lu\_Staff table will have a major impact on the speed of the data entry application, as well as enhancing the usefulness of this information. In this exercise, the user will perform two tasks: make an existing Lu\_Staff entry inactive, and transfer data from one Lu\_Staff entry to another Lu\_Staff entry.

#### Detailed Operations

- a. Log on to RCRAInfo
- b. Enter the System Administration Menu (option 8 from the main menu)
- c. Select Lookup Table Maintenance (option 3)
- d. Select Lu\_Staff under the Cross Module Lookup Tables
- e. The Cross Module Staff Code List page displays all entries in the Lu\_Staff table for whose Owner is “AL”
- f. Randomly pick an entry in the Lu\_Staff table
- g. System administrators can change whether an Lu\_Staff entry is active or inactive by checking (or leaving blank) the active status indicator. On the main RCRAInfo data entry screens (Handler, Permitting, etc.) only those Lu\_Staff entries whose active status is “Y” are available for data entry. Change the active status on the Lu\_Staff entry for the ID you selected in Step 6 by either checking, or unchecking the active status box. Then press save.
- h. Press continue to go to the Cross Module Staff Code List main page and verify that the active status for the Lu\_Staff entry you picked in Step 6 is correctly set.
- i. In addition to making an Lu\_Staff entry inactive, you can also delete Lu\_Staff entries if the code is not in use. In order to help in the initial RCRAInfo startup a utility has been included to aid in this process. The utility changes what Lu\_Staff entry is associated with data entry records from one Lu\_Staff to another. In order to use this utility, chose an Lu\_Staff entry from the Cross Module Staff Code List main page, and then pick Transfer records to another Lu\_Staff at the bottom of the page.
- j. Once you are presented with the Lu\_Staff transfer page, select a currently active Lu\_Staff entry to which you want the records transferred. The utility functions by changing the references in existing data records from the old Lu\_Staff entry to the new Lu\_Staff entry. Once all records for an existing Lu\_Staff entry have been transferred the Lu\_Staff entry can be deleted.

### 3. Modify security permissions for a user.

In this exercise, the student will change security permissions for an existing logon ID. This is the type of task that system administrators will need to do on a regular basis as new staff are hired, existing staff take new roles and responsibilities, and existing staff are re-assigned to new responsibilities away from the RCRA program. The task in the exercise is to eliminate access to the Handler module for a particular user.

#### Detailed Operations

- a. Log on to RCRAInfo

- b. Enter the System Administration Menu (option 8 from the main menu)
- c. Enter User Maintenance (option 1 from the main menu)
- d. Select the last name of the user ID under which you logged on (for example, if you are logged on as T15, select #15)
- e. Using the drop down box in the Permissions table, change the handler permission for this user to “0 – None” and press the save button
- f. Press the continue button to return to the User Maintenance Menu
- g. Verify that the changes have been saved by reselecting the same user as in step 4
- h. Use the “Go To” feature and select Main Menu
- i. Once at the Main Menu, exit RCRAInfo (item 10) and close your browser window
- j. Log back no to RCRAInfo
- k. You will notice that the hyperlink for the handler module is no longer available, which is consistent with the intent of this exercise

#### 4. Add a new code to the Lu\_Citation\_Type table in the CME Module

In this exercise the user will add an implementer defined code to an existing lookup table. RCRAInfo system administrators will need to do this on a regular basis as the RCRA program, and state implementation thereof, change and evolve.

##### Detailed Operations

- a. Log on to RCRAInfo
- b. Enter the System Administration Menu (option 8 from the main menu)
- c. Select Lookup Table Maintenance (option 3)
- d. Select Lu\_Citation\_Type under Compliance, Monitoring and Enforcement Lookup Tables
- e. Select Add New Code from the bottom of the page
- f. Enter the following information. For code, enter the last two character of the user ID under which you logged on to RCRAInfo (for example, if you logged on at T15, enter 15). Enter a description and Notes as appropriate, and make sure the active status box is checked. Review the available options for usage and choose the appropriate entry.  

(Note: the value of usage will be used to help determine which data records and/or parts of data records are routinely released to the public).

After this screen is complete, press save
- g. On the next screen, press continue to return to the CME Citation Type Code List main page



- h. You should see that the code you entered has been saved, and appears on the main page with an Owner value of “AL”.

## 5. Lookup Table Reports

A series of lookup table reports are available from the RCRAInfo reports menu. The lookup reports, at this point, do not include any of the CME lookup tables, but the CME lookup reports will be available in the future.

### EXTRA CREDIT

- a. Go to the reports menu and run a report for the Permit Event Code.
- b. For selection settings, select all owners, and type “op200%” for Permit Event Code.

The report that is displayed includes information on all lookup table entries for Permit Event Codes that start with op200, regardless of the owner or the status code.

# **WSSI Initial Notification (ADEM Form 8700-12)**

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



# ADEM

## Notification of Regulated Waste Activity

Alabama Department of Environmental Management

Date Received  
(for Official Use Only)

### I. Installation's EPA ID Number (Mark "X" in the appropriate box)



A. First Notification



B. Subsequent Notification  
(Complete Item C)

### C. Installation's EPA ID Number

### II. Name of Installation (Include company and specific site name)

W E S E R V I C E S H I P S I N C

### III. Location of Installation (Physical address not P. O. Box or Route Number)

Street

1 0 3 O Y S T E R S H E L L R O A D

Street (Continued)

City or Town

S A N D Y B E A C H E S

State

Zip Code

A L

3 6 9 9 9 - 0 0 0 1

County Name

0 0 2 B A L D W I N

### IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1 0 3 O Y S T E R S H E L L R O A D

City or Town

S A N D Y B E A C H E S

State

Zip Code

A L

3 6 9 9 9 - 0 0 0 1

### V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

M. I.

A L E X A N

E L I Z A B E T H

Q

Job Title

Phone Number (Area Code and Number)

S A F E T Y M A N A G E R

3 3 4 - 5 5 5 - 1 2 3 4

### VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing Other

B. Street or P.O. Box

☐ ☒ ☐

S A M E

City or Town

State

Zip Code

### VII. Ownership (See Instructions)

#### A. Name of Installation's Legal Owner

W S S I C O R P O R A T E

Street, P.O. Box or Route Number

P O B O X 9 5 1 3 2 6 5

City or Town

State

Zip Code

S A N D Y B E A C H E S

A L

3 6 9 9 9 - 3 2 6 5

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

Date

Changed

Month

Day

Year

3 3 4 - 5 5 5 - 1 2 0 0

P

P

Yes ☐

X No ☐

**VII. Ownership (Continued)****E. Change of Installation Name Indicator** ☒ No ☐ Yes (If Yes, Please enter previous name of installation below.)**VIII. Geographic Location**

In the area provided below, enter the physical location of your installation. This information must be described in Latitude and Longitude.

Latitude/Longitude Method ☒ C (See Instructions)

(Degrees, Minutes, & Seconds)			(Degrees, Minutes, & Seconds)		
Latitude	Longitude		Latitude	Longitude	
3 0 1 2 4 5	0 8 8 0 0 1 5				

**IX. Description of Facility Processes (Refer to instructions for SIC Code listings)****A. SIC Codes** Enter the four-digit Standard Industrial Classification (SIC) Code of the overall production, distribution, or service activity of your site. Also, provide additional SIC Codes that describe the specific industrial processes that are used.

Primary	1	2	3	4
3 7 3 1				

**B. Facility Process** In the space provided below, describe each of the processes at your facility that produce Regulated Wastes. Attach additional sheets as necessary.

1 Repair and maintenance of ships

2

3

**X. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)****A. Hazardous Waste Activity**

1. Generator (See Instructions)
- ☐ a Greater than 1000 kg/mo (2,200 lbs)
- ☒ b 100 to 1000 kg/mo (200 - 2,200 lbs)
- ☐ c Less Than 100 kg/mo (220 lbs.)
2. Transporter
- ☐ a For Own Waste Only
- ☐ b For Commercial Purposes
- Mode of Transportation
- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other (Specify) \_\_\_\_\_
4. Hazardous Waste Fuel
- ☐ a Generator Marketing to Burner
- ☐ b Other Marketers
- ☐ c Boiler &/or Industrial Furnace
- ☐ 1 Smelter Deferral
- ☐ 2 Small Quantity Exempt.
- Type of Combustion Device(s)
- ☐ 1 Utility Boiler
- ☐ 2 Industrial Boiler
- ☐ 3 Industrial Furnace
5. Transfer Facility
- ☐ a Loaded trucks
- ☐ b Off-loaded containers
- ☐ c Bulk Transfer between vehicles

☒ 3. Treater, Storer, Disposer (at installation)

NOTE: A permit is required for this activity.

☐ 6. Recycling Activities (Specify) \_\_\_\_\_**B. Used Oil Recycling Activities**

- ☒ Used Oil Generator
- ☐ 1. Used Oil Fuel Marketer
- ☐ a Directs Shipment of Used Oil to Off-Spec. Burner
- ☐ b First Claims Used Oil Meets Specifications
- ☐ c Burns Only Used Oil Generated On-site as On-Spec Fuel
- ☐ 2. Off-Specification Used Oil Fuel Burner
- ☐ a Burns Only Used Oil Generated On-site
- ☐ b Indicate Type(s) of Devices
- ☐ Utility Boiler ☐ Industrial Boiler ☐ Ind. Furnace
- ☐ 3. Used Oil Transporter
- ☐ a For Only Used Oil Generated On-site
- ☐ b Operates a Transfer Facility
- ☐ 4. Used Oil Processor Re-refiner

**C. Universal Waste Activity**

- ☐ Universal Waste Transporter
- ☐ Large Quantity Handler
- Estimated Monthly Volume
- ☐ 1. Battery(ies) \_\_\_\_\_
- ☐ 2. Thermostat(s) \_\_\_\_\_
- ☐ 3. Pesticide(s) \_\_\_\_\_
- ☐ 4. Mercury-containing Lamps \_\_\_\_\_

**XI. Description of Regulated Wastes****A. Waste Description** In the space provided, list the types of regulated waste typically generated or handled by your installation.

Name of Waste	Estimated Monthly Volume
1 WASTE PAINT	200 LBS.
2 USED PAINTING SUPPLIES	50 LBS.
3 WASTE BONDO	150 LBS.
4 MISCELLANEOUS SLUDGE	1000 LBS.

Installation's EPA ID Number

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Page 2

**XI. Description of Regulated Wastes (Continued)**

**B. Characteristics of Nonlisted Hazardous Wastes.** [Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 335-14-2-.03(1) - (5). Additional spaces are available on page 4 if you need to list more than 16 waste codes.]

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
X				D			
D		D		D			
D		D		D			

**C. Listed Hazardous Wastes.** [See 335-14-2-.04(2) - (4)]; Additional spaces are available on page 4 if you need to list more than 24 waste codes.]

1 F 0 0 4	2 F 0 0 5	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24

**XII. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person, or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Beth Q. Alexan</i>	Name and Official Title (Type or Print) <b>BETH Q. ALEXAN, SAFETY</b>	Date Signed <b>4/3/1994</b>
------------------------------------	--	--------------------------------

**XIII. Comments**

Note: Pursuant to Rules 335-1-6 and 335-14-3-.01(3) of the ADEM Administrative Code, all notification forms submitted to the Department must include a \$30 certification fee in order to be complete.

Mail completed form, a check or money order of \$30, and any necessary attachments to:

Alabama Department of Environmental Management  
Land Division  
P. O. Box 301463  
Montgomery, AL 36130-1463

**Any ADEM Form 8700-12 submitted without the \$30 certification fee will not be processed.**

ADEM Form 8700-12 (8-97)

Page 3

Installation's EPA ID Number

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**XI. Description of Regulated Wastes (Additional)****B. Listed Hazardous Wastes. [See 335-14-2-.04(2) - (4)]**

25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120
121	122	123	124	125	126

Installation's EPA ID Number

ADEM Form 8700-12 (8-97)

Page 4

# **WSSI Subsequent Notification (ADEM Form 8700-12)**

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



# ADEM

## Notification of Regulated Waste Activity

Alabama Department of Environmental Management

Date Received  
(for Official Use Only)

### I. Installation's EPA ID Number (Mark "X" in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification

(Complete Item C)

### C. Installation's EPA ID Number

### II. Name of Installation (Include company and specific site name)

W S S I

### III. Location of Installation (Physical address not P. O. Box or Route Number)

Street

1 0 3 O Y S T E R S H E L L R O A D

Street (Continued)

City or Town

S A N D Y B E A C H E S

State

Zip Code

A L 3 6 9 9 9 - 0 0 0 1

County Name

0 0 2 B A L D W I N

### IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

1 0 3 O Y S T E R S H E L L R O A D

City or Town

S A N D Y B E A C H E S

State

Zip Code

A L 3 6 9 9 9 - 0 0 0 1

### V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

M E R T Z

(First)

F R E D E R I C K

M. I.

E

Job Title

P L A N T M A N A G E R

Phone Number (Area Code and Number)

3 3 4 - 5 5 5 - 1 2 3 4

### VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing Other

B. Street or P.O. Box

S A M E

City or Town

State

Zip Code

### VII. Ownership (See Instructions)

#### A. Name of Installation's Legal Owner

W S S I C O R P O R A T E

Street, P.O. Box or Route Number

P O B O X 9 5 1 3 2 6 5

City or Town

State

Zip Code

S A N D Y B E A C H E S A L 3 6 9 9 9 - 3 2 6 5

Phone Number (Area Code and Number)

3 3 4 - 5 5 5 - 1 2 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

X

No

Date

Month

Changed

Day

Year



## VII. Ownership (Continued)

E. Change of Installation Name Indicator ☐ No Yes ☒ (If Yes, Please enter previous name of installation below.)

W E S E R V I C E S H I P S I N C

## VIII. Geographic Location

In the area provided below, enter the physical location of your installation. This information must be described in Latitude and Longitude.Latitude/Longitude Method ☒ (See Instructions)

(Degrees, Minutes, &amp; Seconds)

3 0

1 2

4 5

(Degrees, Minutes, &amp; Seconds)

0 8 8

Longitude

0 0

1 5

## IX. Description of Facility Processes (Refer to instructions for SIC Code listings)

A. SIC Codes Enter the four-digit Standard Industrial Classification (SIC) Code of the overall production, distribution, or service activity of your site. Also, provide additional SIC Codes that describe the specific industrial processes that are used.

Primary

3 7 3 1

1

2

3

4

B. Facility Process In the space provided below, describe each of the processes at your facility that produce Regulated Wastes. Attach additional sheets as necessary.

1 Repair and maintenance of ships

2

3

## X. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

## 1. Generator (See Instructions)

- ☐ a Greater than 1000 kg/mo (2,200 lbs)  
☒ b 100 to 1000 kg/mo (200 - 2,200 lbs)  
☐ c Less Than 100 kg/mo (220 lbs.)

## 2. Transporter

- ☐ a For Own Waste Only  
☐ b For Commercial Purposes

## Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other (Specify)

## 4. Hazardous Waste Fuel

- ☐ a Generator Marketing to Burner  
☐ b Other Marketers  
☐ c Boiler &/or Industrial Furnace

- ☐ 1 Smelter Deferral  
☐ 2 Small Quantity Exempt.

## Type of Combustion Device(s)

- ☐ 1 Utility Boiler  
☐ 2 Industrial Boiler  
☐ 3 Industrial Furnace

## 5. Transfer Facility

- ☐ a Loaded trucks  
☐ b Off-loaded containers  
☐ c Bulk Transfer between vehicles

☒ 3. Treater, Storer, Disposer

(at installation)

NOTE: A permit is required for this activity.

☐ 6. Recycling Activities

(Specify)

## B. Used Oil Recycling Activities

☒ Used Oil Generator

- ☐ 1. Used Oil Fuel Marketer  
☐ a Directs Shipment of Used Oil to Off-Spec. Burner  
☐ b First Claims Used Oil Meets Specifications  
☐ c Burns Only Used Oil Generated On-site as On-Spec Fuel  
☐ 2. Off-Specification Used Oil Fuel Burner  
☐ a Burns Only Used Oil Generated On-site  
☐ b Indicate Type(s) of Devices  
☐ Utility Boiler ☐ Industrial Boiler ☐ Ind. Furnace  
☐ 3. Used Oil Transporter  
☐ a For Only Used Oil Generated On-site  
☐ b Operates a Transfer Facility  
☐ 4. Used Oil Processor Re-refiner

## C. Universal Waste Activity

- ☐ Universal Waste Transporter  
☐ Large Quantity Handler Estimated Monthly Volume  
☐ 1. Battery(ies)  
☐ 2. Thermostat(s)  
☐ 3. Pesticide(s)  
☐ 4. Mercury-containing Lamps

## XI. Description of Regulated Wastes

A. Waste Description In the space provided, list the types of regulated waste typically generated or handled by your installation.

Name of Waste

Estimated Monthly Volume

Name of Waste	Estimated Monthly Volume
1 WASTE PAINT	200 LBS.
2 USED PAINTING SUPPLIES	50 LBS.
3 WASTE BONDO	150 LBS.
4 MISCELLANEOUS SLUDGE	1000 LBS

Installation's EPA ID Number

ADEM Form 8700-12 (8-97)

Page 2

**XI. Description of Regulated Wastes (Continued)**

**B. Characteristics of Nonlisted Hazardous Wastes.** [Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 335-14-2-.03(1) - (5). Additional spaces are available on page 4 if you need to list more than 16 waste codes.]

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
X			X	D 0 0 7	D 0 0 8	D 0 0 9	D 0 1 8
D		D		D		D	D
D		D		D		D	D

**C. Listed Hazardous Wastes.** [See 335-14-2-.04(2) - (4)]; Additional spaces are available on page 4 if you need to list more than 24 waste codes.]

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 4	5 F 0 0 5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24

**XII. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person, or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature <i>Frederick E. Mertz</i>	Name and Official Title (Type or Print) <i>Frederick E. Mertz, Plant Manager</i>	Date Signed <i>8/1/1994</i>
--	---	--------------------------------

**XIII. Comments**

Note: Pursuant to Rules 335-1-6 and 335-14-3-.01(3) of the ADEM Administrative Code, all notification forms submitted to the Department must include a \$30 certification fee in order to be complete.

Mail completed form, a check or money order of \$30, and any necessary attachments to:

*Alabama Department of Environmental Management  
Land Division  
P. O. Box 301463  
Montgomery, AL 36130-1463*

**Any ADEM Form 8700-12 submitted without the \$30 certification fee will not be processed.**

ADEM Form 8700-12 (8-97)

Page 3

Installation's EPA ID Number

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**XI. Description of Regulated Wastes (Additional)****B. Listed Hazardous Wastes. [See 335-14-2-.04(2) - (4)]**

25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120
121	122	123	124	125	126

Installation's EPA ID Number

ADEM Form 8700-12 (8-97)

Page 4

**WeTruckIt Initial Notification  
(to Alabama)  
(ADEM Form 8700-12)**



Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).

**ADEM**

## Notification of Regulated Waste Activity

Alabama Department of Environmental Management

Date Received  
(for Official Use Only)**I. Installation's EPA ID Number** (Mark "X" in the appropriate box)

A. First Notification

B. Subsequent Notification  
(Complete Item C)**C. Installation's EPA ID Number**

C O R 1 2 3 4 1 2 3 4 8

**II. Name of Installation** (Include company and specific site name)

W E T R U C K I T

**III. Location of Installation** (Physical address not P. O. Box or Route Number)

Street

4 3 0 0 C H E R R Y C R E E K D R S

Street (Continued)

City or Town

W A S T E T O W N

State

Zip Code

C O 8 0 2 9 9 \_ 4 7 1 9

County Name

D E N V E R

**IV. Installation Mailing Address** (See Instructions)

Street or P.O. Box

P O B O X 9 9 8

City or Town

W A S T E T O W N

State

Zip Code

C O 8 0 2 9 9 \_ 0 9 9 8

**V. Installation Contact** (Person to be contacted regarding waste activities at site)

Name (Last)

P R E S L E Y

(First)

E A R O N

Job Title

M A N A G E R

Phone Number (Area Code and Number)

3 0 3 5 5 5 8 5 4 3

**VI. Installation Contact Address** (See Instructions)A. Contact Address  
Location Mailing Other

B. Street or P.O. Box

S A M E

City or Town

State

Zip Code

**VII. Ownership** (See Instructions)**A. Name of Installation's Legal Owner**

W E T R U C K I T G S C

Street, P.O. Box or Route Number

4 4 5 6 G R A C E L A N E

City or Town

W A S T E T O W N

State

Zip Code

C O 8 0 2 9 9

Phone Number (Area Code and Number)

3 0 3 5 5 5 8 5 0 0

B. Land  
Type

P

C. Owner  
Type

P

D. Change of Owner  
Indicator

Yes

X

No

Date  
MonthChanged  
Day

Year

**VII. Ownership (Continued)****E. Change of Installation Name Indicator** ☒ No ☐ Yes (If Yes, Please enter previous name of installation below.)**VIII. Geographic Location**In the area provided below, enter the physical location of your installation. This information must be described in Latitude and Longitude.Latitude/Longitude Method ☐ (See Instructions)

(Degrees, Minutes, &amp; Seconds)

(Degrees, Minutes, &amp; Seconds)

**IX. Description of Facility Processes (Refer to instructions for SIC Code listings)****A. SIC Codes** Enter the four-digit Standard Industrial Classification (SIC) Code of the overall production, distribution, or service activity of your site. Also, provide additional SIC Codes that describe the specific industrial processes that are used.

Primary

1

2

3

4

**B. Facility Process** In the space provided below, describe each of the processes at your facility that produce Regulated Wastes. Attach additional sheets as necessary.

1 Transportation of hazardous waste.

2

3

**X. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)****A. Hazardous Waste Activity****1. Generator (See Instructions)**

- ☐ a Greater than 1000 kg/mo (2,200 lbs)  
☐ b 100 to 1000 kg/mo (200 - 2,200 lbs)  
☐ c Less Than 100 kg/mo (220 lbs.)

**2. Transporter**

- ☐ a For Own Waste Only  
☐ b For Commercial Purposes

**Mode of Transportation**

- ☐ 1. Air  
☐ 2. Rail  
☒ 3. Highway  
☐ 4. Water  
☐ 5. Other (Specify)

**4. Hazardous Waste Fuel**

- ☐ a Generator Marketing to Burner  
☐ b Other Marketers  
☐ c Boiler &/or Industrial Furnace

**1 Smelter Deferral****2 Small Quantity Exempt.****Type of Combustion Device(s)**

- ☐ 1 Utility Boiler  
☐ 2 Industrial Boiler  
☐ 3 Industrial Furnace

**5. Transfer Facility**

- ☐ a Loaded trucks  
☐ b Off-loaded containers  
☐ c Bulk Transfer between vehicles

**3. Treater, Storer, Disposer**  
(at installation)

NOTE: A permit is required for this activity.

**6. Recycling Activities**

(Specify)

**B. Used Oil Recycling Activities**☐ **Used Oil Generator****1. Used Oil Fuel Marketer**

- ☐ a Directs Shipment of Used Oil to Off-Spec. Burner  
☐ b First Claims Used Oil Meets Specifications  
☐ c Burns Only Used Oil Generated On-site as On-Spec Fuel

**2. Off-Specification Used Oil Fuel Burner**

- ☐ a Burns Only Used Oil Generated On-site  
☐ b Indicate Type(s) of Devices  
☐ Utility Boiler ☐ Industrial Boiler ☐ Ind. Furnace

**3. Used Oil Transporter**

- ☐ a For Only Used Oil Generated On-site  
☐ b Operates a Transfer Facility

**4. Used Oil Processor Re-refiner****C. Universal Waste Activity**☐ **Universal Waste Transporter**☐ **Large Quantity Handler**

Estimated Monthly Volume

- ☐ 1. Battery(ies)  
☐ 2. Thermostat(s)  
☐ 3. Pesticide(s)  
☐ 4. Mercury-containing Lamps

**XI. Description of Regulated Wastes****A. Waste Description** In the space provided, list the types of regulated waste typically generated or handled by your installation.

Name of Waste

Estimated Monthly Volume

1 All EPA Waste Codes

2

3

4

Installation's EPA ID Number

C O R 1 2 3 4 1 2 3 4 8

ADEM Form 8700-12 (8-97)

Page 2

**XI. Description of Regulated Wastes (Continued)**

**B. Characteristics of Nonlisted Hazardous Wastes.** [Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 335-14-2-.03(1) - (5). Additional spaces are available on page 4 if you need to list more than 16 waste codes.]

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D			
D		D		D			
D		D		D			

**C. Listed Hazardous Wastes.** [See 335-14-2-.04(2) - (4)]; Additional spaces are available on page 4 if you need to list more than 24 waste codes.]

1	2	3	4	5	6
7	8	9	10	11	12
13	14	15	16	17	18
19	20	21	22	23	24

**XII. Certification**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person, or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature	Name and Official Title (Type or Print)	Date Signed
E. Aron Presley	E. Aron Presley	9/18/1991

**XIII. Comments**

**Note:** Pursuant to Rules 335-1-6 and 335-14-3-.01(3) of the ADEM Administrative Code, all notification forms submitted to the Department must include a \$30 certification fee in order to be complete.

Mail completed form, a check or money order of \$30, and any necessary attachments to:

Alabama Department of Environmental Management  
Land Division  
P. O. Box 301463  
Montgomery, AL 36130-1463

**Any ADEM Form 8700-12 submitted without the \$30 certification fee will not be processed.**



**XI. Description of Regulated Wastes (Additional)****B. Listed Hazardous Wastes. [See 335-14-2-.04(2) - (4)]**

25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120
121	122	123	124	125	126

Installation's EPA ID Number

C O R 1 2 3 4 1 2 3 4 8

ADEM Form 8700-12 (8-97)

Page 4



**WeTruckIt Initial Notification  
(to Colorado)  
(EPA Form 8700-12)**

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved, OMB No. 2050-0028 Expires 9/30/96  
GSA No. 0246-EPA-OT

Please refer to the *Instructions for Filing Notification* before completing this form. The information requested here is required by law (§ 3010 of the Resource Conservation and Recovery Act).



**EPA**

# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(for Official Use Only)

1/1/1990

## I. Installation's EPA ID Number (mark "X" in the appropriate box)



A. First Notification



B. Subsequent Notification  
(Complete Item C)

## C. Installation's EPA ID Number

C O R 1 2 3 4 1 2 3 4 8

## II. Name of Installation (Include company and specific site name)

W E T R U C K I T

## III. Location of Installation (Physical address not P. O. Box or Route Number)

Street

4 3 0 0 C H E R R Y C R E E K D R S O U T H

Street (Continued)

City or Town

W A S T E T O W N

State

C O

Zip Code

8 0 9 9 9 -

County Code

D E N V E R

County Name

## IV. Installation Mailing Address (See Instructions)

Street or P. O. Box

4 3 0 0 C H E R R Y C R E E K D R S O U T H

City or Town

W A S T E T O W N

State

C O

Zip Code

8 0 9 9 9 -

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

P I C K E R I N G

(First)

N I C K

Job Title

O W N E R

Phone Number (Area Code and Number)

3 0 3

6 9 2

3 3 5 0

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing Other



B. Street or P. O. Box

S A M E

City or Town

State

C O

Zip Code

8 0 9 9 9 -

## VII. Ownership (See Instructions)

### A. Name of Installation's Legal Owner

N I C K P I C K E R I N G

Street, P.O. Box or Route Number

4 3 0 0 C H E R R Y C R E E K D R S O U T H

City or Town

W A S T E T O W N

State

C O

Zip Code

8 0 9 9 9 -

Phone Number (Area Code and Number)

3 0 3

6 9 2

3 3 5 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

Date

Month

Changed

Day

Year

EPA Form 8700-12 (Rev.11-30-93) Previous edition is obsolete.

Continued on Reverse

ID -- For Official Use Only

C O R 1 2 3 4 1 2 3 4 8

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity		B. Used Oil Recycling Activities	
1. Generator (See Instructions)	<input checked="" type="checkbox"/> 3. Treater, Storer, Disposer(at installation) <b>NOTE: A permit is required for this activity.</b>	1. Used Oil Fuel Marketer	
<input checked="" type="checkbox"/> a Greater than 1000 kg/mo (2,200 lbs)		<input type="checkbox"/> a. Directs Shipment of Used Oil to Off-Spec. Burner	
<input type="checkbox"/> b 100 to 1000 kg/mo (200 - 2,200 lbs)		<input type="checkbox"/> b First Claims Used Oil Meets Specifications	
<input type="checkbox"/> c Less Than 100 kg/mo (220 lbs.)		<input type="checkbox"/> c Burns Only Used Oil Generated On-site as On-Spec. Fuel	
2. Transporter	4. Hazardous Waste Fuel	2. Used Oil Fuel Burner - Indicate Type(s) of Combustion Devices	
<input type="checkbox"/> a For Own Waste Only	<input type="checkbox"/> a Generator Marketing to Burner	<input type="checkbox"/> a. Utility Boiler	
<input checked="" type="checkbox"/> b For Commercial Purposes	<input type="checkbox"/> b Other Marketers	<input type="checkbox"/> b. Industrial Boiler	
Mode of Transportation	<input type="checkbox"/> c Boiler &/or Industrial Furnace	<input type="checkbox"/> c. Industrial Furnace	
<input type="checkbox"/> 1. Air	<input type="checkbox"/> 1 Smelter Deferral	3. Used Oil Transporter	
<input type="checkbox"/> 2. Rail	<input type="checkbox"/> 2 Small Quantity Exempt.	<input type="checkbox"/> a. Transporter	
<input checked="" type="checkbox"/> 3. Highway	Type of Combustion Device(s)	<input type="checkbox"/> b. Transfer Facility	
<input type="checkbox"/> 4. Water	<input type="checkbox"/> 1 Utility Boiler	4. Used Oil Processor Re-refiner - Indicate Type(s) of Activity(ies)	
<input type="checkbox"/> 5. Other _____	<input type="checkbox"/> 2 Industrial Boiler	<input type="checkbox"/> a. Process	
	<input type="checkbox"/> 3 Industrial Furnace	<input type="checkbox"/> b. Re-refine	
	<input type="checkbox"/> 5. Underground Inject. Control		

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Listed Hazardous Wastes. (See 40 CFR Parts 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 F 0 0 2	3 F 0 0 3	4 F 0 0 4	5 F 0 0 5	6 
7 	8 	9 	10 	11 	12 

B. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D 0 0 4   D 0 0 5   D 0 0 6   D 0 0 7

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1 D 0 0 8	2 D 0 0 9	3 D 0 1 0	4 D 0 1 1	5 D 0 1 8	6 D 0 1 9
--------------	--------------	--------------	--------------	--------------	--------------

## XI. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person, or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information; including the possibility of fine and imprisonment for knowing violations.


Signature <i>Nick Pickering</i>	Name and Official Title (Type or print) Nick Pickering, President	Date Signed 1/1/1990
------------------------------------	--	-------------------------

## XII. Comments

I.X.C. D021, D022, D023, D024, D025, D026, D027, D028, D029, D030,  
D032, D033, D035, D036, D037, D038, D039, D040, D041, D042, D043

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

**WeTruckIt Part A Application  
(to Colorado)  
(EPA Form 8700-23)**

<b>For EPA Regional Use Only</b>		<div style="text-align: center;"> United States Environmental Protection Agency Washington, DC 20460 <b>Hazardous Waste Permit Application Part A</b> <i>(Read the Instructions before starting)</i></div>																													
<b>Date Received</b>																															
<b>Month</b>	<b>Day</b>			<b>Year</b>																											
<b>I. Facility's EPA ID Number (Mark 'X' in the appropriate box)</b>																															
<input checked="" type="checkbox"/> <b>A. First Part A Submission</b>			<input type="checkbox"/> <b>B. Revised Part A Submission (Amendment # _____)</b>																												
<b>C. Facility's EPA ID Number</b>			<b>D. Secondary ID Number (If applicable)</b>																												
C	O	R	1	2	3	4	1	2	3	4	8																				
<b>II. Name of Facility</b>																															
W	E	T	R	U	C	K	I	T																							
<b>III. Facility Location (Physical address not P.O. Box or Route Number)</b>																															
<b>A. Street</b>																															
4	3	0	0		C	H	E	R	R	Y		C	R	E	E	K		D	R	I	V	E		S	O	U	T	H			
<b>Street (Continued)</b>																															
<b>City or Town</b>												<b>State</b>		<b>Zip Code</b>																	
D	E	N	V	E	R							C	O		8	0	9	9	9	-											
<b>County Code (If known)</b>		<b>County Name</b>																													
		D E N V E R																													
<b>B. Land Type</b>		<b>C. Geographic Location</b>												<b>D. Facility Existence Date</b>																	
(Enter code)		LATITUDE (Degrees, minutes, & seconds)												LONGITUDE (Degrees, minutes & seconds)									Month			Day			Year		
P		3 9 4 0 0 0 N												1 0 5 0 0 4 9 N									0 1			0 1			1 9 9 0		
<b>IV. Facility Mailing Address</b>																															
<b>Street or P.O. Box</b>																															
4	3	0	0		C	H	E	R	R	Y		C	R	E	E	K		D	R		S	O	U	T	H						
<b>City or Town</b>												<b>State</b>		<b>Zip Code</b>																	
D	E	N	V	E	R							C	O		8	0	9	9	9	-											
<b>V. Facility Contact (Person to be contacted regarding waste activities at facility)</b>																															
<b>Name (Last)</b>												<b>(First)</b>																			
H O L Z												D A V I D																			
<b>Job Title</b>												<b>Phone Number (Area Code and Number)</b>																			
E N V . H & S M G R .												3 0 3 - 6 9 2 - 3 3 6 2																			
<b>VI. Facility Contact Address (See instructions)</b>																															
<b>A. Contact Address</b>												<b>B. Street or P.O. Box</b>																			
Location Mailing Other																															
X																															
<b>City or Town</b>												<b>State</b>		<b>Zip Code</b>																	
														-																	



[illegible]

EPA ID Number (Enter from page 1)

Secondary ID Number (Enter from page 1)

C O R 1 2 3 4 1 2 3 4 8

## XI. Nature of Business (Provide a brief description)

Collect spent solvents and antifreeze from customers and accumulate waste in a storage tank or in a container storage area. Waste is sent off-site for reclamation.  
Transport Hazardous Waste commercially nation wide.

## XII. Process Codes and Design Capacities

- A. **PROCESS CODE** - Enter the code from the list of process codes below that best describes each process to be used at the facility. Thirteen lines are provided for entering codes. If more lines are needed, attach a separate sheet of paper with the additional information. For "other" processes (i.e., D99, S99, T04 and X99), describe the process (including its design capacity) in the space provided in item XIII.
- B. **PROCESS DESIGN CAPACITY** - For each code entered in column A, enter the capacity of the process.
1. **AMOUNT** - Enter the amount. In a case where design capacity is not applicable (such as in a closure/post-closure or enforcement action) enter the total amount of waste for that process.
  2. **UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.
- C. **PROCESS TOTAL NUMBER OF UNITS** - Enter the total number of units used with the corresponding process code.

PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY	PROCESS CODE	PROCESS	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
<b>Disposal:</b> D79 Underground Injection Well Disposal D80 Landfill D81 Land Treatment D82 Ocean Disposal D83 Surface Impoundment Disposal D99 Other Disposal <b>Storage:</b> S01 Container S02 Tank Storage S03 Waste Pile S04 Surface Impoundment Storage S05 Drip Pad S06 Containment Building Storage S99 Other Storage <b>Treatment:</b> T01 Tank Treatment T02 Surface Impoundment Treatment T03 Incinerator T04 Other Treatment T80 Boiler			T81 Cement Kiln T82 Lime Kiln T83 Aggregate Kiln T84 Phosphate Kiln T85 Coke Oven T86 Blast Furnace T87 Smelting, Melting, Or Refining Furnace T88 Titanium Dioxide Chloride Oxidation Reactor T89 Methane Reforming Furnace T90 Pulping Liquor Recovery Furnace T91 Combustion Device Used In The Recovery Of Sulfur Values From Spent Sulfuric Acid T92 Halogen Acid Furnaces T93 Other Industrial Furnaces Listed in 40 CFR §260.10 T94 Containment Building - Treatment <b>Miscellaneous (Subpart X):</b> X01 Open Burning/Open Detonation X02 Mechanical Processing X03 Thermal Unit X04 Geologic Repository X99 Other Subpart X		
Gallons; Liters; Gallons Per Day; or Liters Per Day Acre-feet; Hectare-meter; Acres; Cubic Meters; Hectares; Cubic Yards Acres or Hectares Gallons Per Day or Liters Per Day Gallons; Liters; Cubic Meters; or Cubic Yards Any Unit of Measure Listed Below Gallons; Liters; Cubic Meters; or Cubic Yards Gallons; Liters; Cubic Meters; or Cubic Yards Cubic Yards or Cubic Meters Gallons; Liters; Cubic Meters; or Cubic Yards Gallons; Liters; Acres; Cubic Meters; Hectares; or Cubic Yards Cubic Yards or Cubic Meters Any Unit of Measure Listed Below Gallons Per Day; Liters Per Day; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; or Metric Tons Per Hour Gallons Per Day; Liters Per Day; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; or Metric Tons Per Hour Short Tons Per Hour; Metric Tons Per Hour; Gallons Per Hour; Liters Per Hour; Btu Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million Btu Per Hour Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; Btu Per Hour; Gallons Per Day; Liters Per Hour; or Million Btu Per Hour Gallons; Liters; Gallons Per Hour; Liters Per Hour; Btu Per Hour; or Million Btu Per Hour			Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; Btu Per Hour; Liters Per Hour; or Million Btu Per Hour Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Day; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; Btu Per Hour; Liters Per Hour; or Million Btu Per Hour Any Unit of Measure Listed Below Short Tons Per Hour; Metric Tons Per Hour; Short Tons Per Day; Metric Tons Per Day; Pounds Per Hour; Kilograms Per Hour; Gallons Per Hour; Liters Per Hour; or Gallons Per Day Gallons Per Day; Liters Per Day; Pounds Per Hour; Short Tons Per Hour; Kilograms Per Hour; Metric Tons Per Day; Metric Tons Per Hour; Short Tons Per Day; Btu Per Hour; or Million Btu Per Hour Cubic Yards; Cubic Meters; Short Tons Per Hour; Gallons Per Hour; Liters Per Hour; Btu Per Hour; Pounds Per Hour; Short Tons Per Day; Kilograms Per Hour; Metric Tons Per Day; Gallons Per Day; Liters Per Day; Metric Tons Per Hour; or Million Btu Per Hour Any Unit of Measure Listed Below		

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
Gallons	G	Short Tons Per Hour	D	Cubic Yards	Y
Gallons Per Hour	E	Metric Tons Per Hour	W	Cubic Meters	C
Gallons Per Day	U	Short Tons Per Day	N	Acres	B
Liters	L	Metric Tons Per Day	S	Acre-feet	A
Liters Per Hour	H	Pounds Per Hour	J	Hectares	Q
Liters Per Day	V	Kilograms Per Hour	R	Hectare-meter	F
		Million Btu Per Hour	X	Btu Per Hour	I

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EPA ID Number (Enter from page 1)												Secondary ID Number (Enter from page 1)											
C	O	R	1	2	3	4	1	2	3	4	8												

**XII. Process Codes and Design Capabilities (Continued)**

*EXAMPLE FOR COMPLETING ITEM XII (shown in line number X-1 below): A facility has a storage tank, which can hold 533.788 gallons.*

Line Number	A. Process Code (From list above)				B. PROCESS DESIGN CAPACITY		C. Process Total Number Of Units	For Official Use Only			
					1. Amount (Specify)	2. Unit Of Measure (Enter code)					
X 1	S	0	2		5 3 3 . 7 8 8	G	0 0 1				
1	S	0	1		6528 .	G	002				
2	S	0	2		2000 .	G	002				
3					.						
4					.						
5					.						
6					.						
7					.						
8					.						
9					.						
1 0					.						
1 1					.						
1 2					.						
1 3					.						

**NOTE:** If you need to list more than 13 process codes, attach an additional sheet(s) with the information in the same format as above. Number the lines sequentially, taking into account any lines that will be used for "other" processes (i.e., D99, S99, T04 and X99) in item XIII.

**XIII. Other Processes (Follow instructions from item XII for D99, S99, T04 and X99 process codes)**

Line Number (Enter #s in seg w/XII)	A. Process Code (From list above)				B. PROCESS DESIGN CAPACITY		C. Process Total Number Of Units	D. Description Of Process
					1. Amount (Specify)	2. Unit Of Measure (Enter code)		
X 1	T	0	4		.			In-situ Vitrification
1					.			
2					.			
3					.			
4					.			



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<div style="display: flex; justify-content: space-around;"> <span>C</span><span>O</span><span>R</span><span>1</span><span>2</span><span>3</span><span>4</span><span>1</span><span>2</span><span>3</span><span>4</span><span>8</span> </div>	<div style="display: flex; justify-content: space-around;"> <span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span><span></span> </div>

**XIV. Description of Hazardous Wastes**

**A. EPA HAZARDOUS WASTE NUMBER** - Enter the four-digit number from 40 CFR, Part 261 Subpart D of each listed hazardous waste you will handle. For hazardous wastes which are not listed in 40 CFR, Part 261 Subpart D, enter the four-digit number(s) from 40 CFR, Part 261 Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** - For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** - For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in item XII A. on page 3 to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous waste: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in item XII A. on page 3 to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**NOTE: THREE SPACES ARE PROVIDED FOR ENTERING PROCESS CODES. IF MORE ARE NEEDED:**

- Enter the first two as described above.
- Enter "000" in the extreme right box of item XIV-D(1).
- Use additional sheet, enter line number from previous sheet, and enter additional code(s) in item XIV-E.

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form (D(2)).

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM XIV (shown in line numbers X-1, X-2, X-3, and X-4 below)** - A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

Line Number	A. EPA HAZARD WASTE NO. (Enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (Enter code)	D. PROCESS							
				(1) PROCESS CODES (Enter)				(2) PROCESS DESCRIPTION (If a code is not entered in D(1))			
X 1	K 0 5 4	900	p	T	0	3	D 8 0				
X 2	D 0 0 2	400	P	T	0	3	D 8 0				
X 3	D 0 0 1	100	P	T	0	3	D 8 0				
X 4	D 0 0 2										Included With Above

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C	O	R	1	2	3	4	1	2	3	4	8												
XIV. Description of Hazardous Wastes (Continued; use additional sheets as necessary)																							
Line Number	A. EPA Hazardous Waste No. (Enter code)	B. Estimated Annual Quantity of Waste	C. Unit of Measure (Enter code)	D. PROCESSES																			
				(1) PROCESS CODES (Enter code)										(2) PROCESS DESCRIPTION (If a code is not entered in D(1))									
1	D 0 0 1	6,500	T	S	0	1	S	0	2														
2	D 0 0 4	-D011																			Included with above		
3	D 0 1 8	&D019	&F001																		Included with above		
4	D 0 2 1	-D030																			Included with above		
5	D 0 3 2	-D043																			Included with above		
6	F 0 0 2	2,000	T	S	0	1																	
7	F 0 0 3	750	T	S	0	1																	
8	F 0 0 5																				Included with above		
9	F 0 0 2	200	T	S	0	1																	
10	F 0 0 4																				Included with above		
11																							
12																							
13																							
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33																							

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**XV. Map**  

*Attach to this application a topographic map, or other equivalent map, of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in this map area. See instructions for precise requirements.*

**XVI. Facility Drawing**  

*All existing facilities must include a scale drawing of the facility (See instructions for more detail).*

**XVII. Photographs**  

*All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).*

**XVIII. Certification(s)**  

*I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.*

Owner Signature <i>Nick Pickering</i>	Date Signed 1/1/90
Name and Official Title (Type or print) Nick Pickering, owner	
Owner Signature	Date Signed
Name and Official Title (Type or print)	
Operator Signature	Date Signed
Name and Official Title (Type or print)	
Operator Signature <i>Nick Pickering</i>	Date Signed 1/1/90
Name and Official Title (Type or print) Nick Pickering, President	

**XIX. Comments**

*Note: Mail completed form to the appropriate EPA Regional or State Office. (Refer to instructions for more information)*

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